

County: Taylor
 MEMORIAL NURSING & REHABILITATION CENTER
 135 SOUTH GIBSON STREET

Facility ID: 5500

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MEDFORD 54451 Phone:(715) 748-8100

Owned by: Taylor County
 Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/02): 96

Total Licensed Bed Capacity (12/31/02): 102

Number of Residents on 12/31/02: 94

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

Yes

Yes

Yes

92

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		46.8
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		35.1
Supp. Home Care-Household Services	No	Developmental Disabilities	3.2	Under 65	5.3	More Than 4 Years		18.1
Day Services	No	Mental Illness (Org./Psy)	7.4	65 - 74	9.6			-----
Respite Care	Yes	Mental Illness (Other)	3.2	75 - 84	26.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	6.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.4		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	48.9	65 & Over	94.7	-----		
Transportation	No	Cerebrovascular	7.4		-----	RNs		16.5
Referral Service	No	Diabetes	7.4	Sex	%	LPNs		4.5
Other Services	No	Respiratory	1.1	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	8.5	Male	30.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	69.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	77	97.5	132	0	0.0	0	15	100.0	132	0	0.0	0	0	0.0	0	92	97.9
Intermediate	---	---	---	2	2.5	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		79	100.0		0	0.0		15	100.0		0	0.0		0	0.0		94	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02					

Percent Admissions from:		Activities of		% Needing		Total	
Private Home/No Home Health	9.2	Daily Living (ADL)	% Independent	Assistance of One Or Two Staff	% Totally Dependent	Number of Residents	
Private Home/With Home Health	4.2	Bathing	1.1	72.3	26.6	94	
Other Nursing Homes	4.2	Dressing	6.4	75.5	18.1	94	
Acute Care Hospitals	62.5	Transferring	36.2	54.3	9.6	94	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	21.3	61.7	17.0	94	
Rehabilitation Hospitals	0.0	Eating	62.8	29.8	7.4	94	
Other Locations	20.0	*****					
Total Number of Admissions	120	Continence		%	Special Treatments		
Percent Discharges To:		Indwelling Or External Catheter	5.3		Receiving Respiratory Care	11.7	
Private Home/No Home Health	6.1	Occ/Freq. Incontinent of Bladder	46.8		Receiving Tracheostomy Care	1.1	
Private Home/With Home Health	14.8	Occ/Freq. Incontinent of Bowel	33.0		Receiving Suctioning	1.1	
Other Nursing Homes	4.3				Receiving Ostomy Care	3.2	
Acute Care Hospitals	8.7	Mobility			Receiving Tube Feeding	2.1	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.2		Receiving Mechanically Altered Diets	29.8	
Rehabilitation Hospitals	0.0						
Other Locations	20.9	Skin Care			Other Resident Characteristics		
Deaths	45.2	With Pressure Sores	7.4		Have Advance Directives	86.2	
Total Number of Discharges		With Rashes	20.2		Medications		
(Including Deaths)	115				Receiving Psychoactive Drugs	57.4	

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.9	87.4	1.03	85.1	1.06
Current Residents from In-County	95.7	84.3	1.14	76.6	1.25
Admissions from In-County, Still Residing	33.3	15.2	2.20	20.3	1.64
Admissions/Average Daily Census	130.4	213.3	0.61	133.4	0.98
Discharges/Average Daily Census	125.0	214.2	0.58	135.3	0.92
Discharges To Private Residence/Average Daily Census	26.1	112.9	0.23	56.6	0.46
Residents Receiving Skilled Care	97.9	91.1	1.07	86.3	1.13
Residents Aged 65 and Older	94.7	91.8	1.03	87.7	1.08
Title 19 (Medicaid) Funded Residents	84.0	65.1	1.29	67.5	1.25
Private Pay Funded Residents	16.0	22.6	0.71	21.0	0.76
Developmentally Disabled Residents	3.2	1.5	2.20	7.1	0.45
Mentally Ill Residents	10.6	31.3	0.34	33.3	0.32
General Medical Service Residents	8.5	21.8	0.39	20.5	0.42
Impaired ADL (Mean)*	45.3	48.9	0.93	49.3	0.92
Psychological Problems	57.4	51.6	1.11	54.0	1.06
Nursing Care Required (Mean)*	9.6	7.4	1.29	7.2	1.33